

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2781

State File No. _____

FILED FEB 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0336

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2249			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3635 Oregon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) FREUND c. (Last) FREUND		4. DATE OF DEATH (Month) (Day) (Year) 1-11-1954			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-2-1881	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medarts Mig, Co		10b. KIND OF BUSINESS OR INDUSTRY Machinest		11. BIRTHPLACE (City and State or Foreign Country) St, Louis Mo 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Freund		13b. MOTHER'S MAIDEN NAME Catherine Kling	
14. NAME OF HUSBAND OR WIFE Anna Nauert Freund		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-05-1430	
17. INFORMANT'S SIGNATURE OR NAME Anna Freund		18. ADDRESS 3635 A Oregon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic myo carditis</u> <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
20. INTERVAL BETWEEN ONSET AND DEATH 3-4 yr.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X	
22. I hereby certify that I attended the deceased from <u>Oct 1/45</u> ¹⁹⁵³ to <u>Jan 11, 1954</u> , that I last saw the deceased alive on <u>Jan 8, 1954</u> , and that death occurred at <u>1/45</u> ¹⁹⁵³ <u>PM</u> , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <u>R. K. Schlick MD</u>		23b. ADDRESS <u>3606 Garvin St, St. Louis, Mo</u>		23c. DATE SIGNED <u>Jan 13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WINGBERMUEHLE 3819 S Grand Blvd</u>			
DATE REC'D BY LOCAL REG. <u>JAN 13 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WINGBERMUEHLE 3819 S Grand Blvd</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George J. Embalsmick*

Licensed Embalmer No. 46

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.